

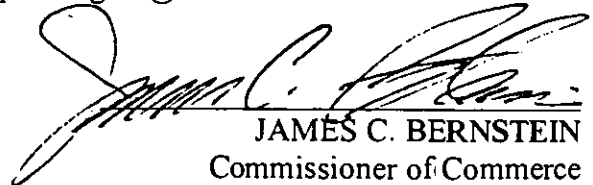
BULLETIN 2002-1
STATE OF MINNESOTA
DEPARTMENT OF COMMERCE

DATE: February 6, 2002
TO: All life and health insurance companies licensed to do business in Minnesota.
FROM: MN Department of Commerce, Policy Analysis Division, Life & Health Unit.
RE: New Filing Review Procedures for Life and Health Rate and Form Filings.
ACKNOWLEDGEMENT OF THIS BULLETIN REQUIRED.

Reason For Bulletin:

This Bulletin is being circulated to change insurance rate and form filing requirements. Please refer to our Department's BULLETIN 96-4 (10/11/96) for basic filing requirements.

If you have questions regarding this bulletin, please contact Brian Pennington, Manager Life & Health Policy Analysis, at 651-296-8218 or at brian.pennington@state.mn.us


JAMES C. BERNSTEIN
Commissioner of Commerce

IMPORTANT CHANGE IN FILING PROCEDURES!

EFFECTIVE FEBRUARY 25, 2002

Please be advised of the following new filing review procedures, which will apply to all Life and Health rate and form filings.

In order to expedite our Department's filings review and approval process, Commerce Analysts will automatically be returning to you, **UNACCEPTED** and **DISAPPROVED**, any filing whose provisions contain 5 or more violations of Minnesota Statutes or Minnesota Administrative Rules.

The specific procedures cited on the following pages will be followed in this regard.

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ACKNOWLEDGEMENT OF THIS BULLETIN REQUIRED.

MINNESOTA DEPARTMENT OF COMMERCE

Policy Analysis, Life & Health Section

85 7th Place East, Suite 500

St. Paul, MN 55101-2198

An officer of the company must sign and date this page to acknowledge receipt of Bulletin 2002-01 in the space indicated below and return a copy to the Department of Commerce within 15 days of its receipt.

You may return this acknowledgement page by either mail or FAX. If the company wishes to transmit its acknowledgement by FAX, it should be directed to the Minnesota Department of Commerce, Policy Analysis, Life & Health Section, (651) 284-4106.

Receipt Acknowledged this _____ day of _____, 2002

Insurance Company: _____

Insurance Company NAIC Number: _____

Acknowledging Officer's Title: _____

Officer's Name: _____

Officer's Signature: _____

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REVISED MINNESOTA FILING PROCEDURES

The Filing Certification Form (see page 5) and appropriate Checklist(s) must be attached to all filings submitted to the Department. The Filing Certification Form requires certification that the Department's ON-LINE requirements have been consulted prior to submitting the filing and that the filing is in compliance with all of the requirements, including the Common Element's Advisory. The Common Element's Advisory is a central repository for issues and requirements that generally affect all filings and all types of insurance coverage and for this reason is placed in one centrally located document rather than repeated in each Checklist.

- The Filing Analyst must acknowledge compliance with the appropriate Checklist by signing the Filing Certification Form. The name of the insurance company officer that is responsible for policy form compliance must be identified on Filing Certification Form.
- **REQUEST FOR COMPLIANCE:** Please attach to the Filing Certification Form to the relevant Checklist. In the space indicated on the Checklist, specify the page number where compliance is achieved with each item on the Checklist.
- **EXAMPLE:** A filing may include an application form and policy form. The filing must comply with all of the requirements as identified on the Department's ON-LINE website including compliance with the Common Element's Advisory, the Application Checklist, and the specific Checklist for the type of insurance coverage filed. Both Checklists must then be attached to the Filing Certification Form.
- **FAILURE TO SUBMIT THE CERTIFICATION FORM WITH THE APPROPRIATE ON-LINE CHECKLIST(S) WILL RESULT IN YOUR FILING BEING DISAPPROVED AND RETURNED TO YOU. FURTHER, IF YOUR COMPANY'S FILING IS SUBMITTED FOR REVIEW WITH A CERTIFICATION FORM AND SUBSEQUENTLY IS REPEATEDLY FOUND TO BE OUT OF COMPLIANCE WITH THE DEPARTMENT'S ON-LINE REQUIREMENTS AND CHECKLISTS, YOUR COMPANY MAY BE SUBJECT TO ADMINISTRATIVE ACTIONS, INCLUDING FINES, UNDER MINNESOTA STATUTE § 45.027.**
- Analysts will circle and cite any filing violations that are not in compliance with Minnesota Statutes or Minnesota Administrative Rules as expressed by the Checklists.
- Once 5 violations are marked, the analyst will cease review of the filing. The filing will be automatically returned stamped "DISAPPROVED". The Department will consider the filing to be "Closed" and no further action will be taken on it.
- A new filing with a new Minnesota Transmittal Form and fee will be required if the insurance company intends to start over and re-file the corrected forms.

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- If your filing is again found to contain 5 or more violations, it will again be returned to you disapproved and the above-cited procedures will be repeated.
- To go directly to the On Line Requirements and Checklists, use the following address:
<http://www.commerce.state.mn.us/pages/Insurance/InsL&H.htm>
(You will need Adobe® Acrobat® Reader® software to read and access the checklists. Once the checklists are downloaded, you will be able to print a hard copy of the checklists.)
- Alternately, you may access the On Line Requirements and Checklists from the Commerce website's home page at "<http://www.commerce.state.mn.us>" and then by selecting "INSURANCE" and Life & Health Policy filing data as indicated in the column on the left side of the page.

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FILING CERTIFICATION FORM

(Must be submitted with filing)

DEPARTMENT OF COMMERCE

State of Minnesota

Date: _____

Insurance Company Name: _____

Insurance Company NAIC Number: _____

Filing ID Number: _____

I certify that I have consulted the On Line Requirements of the Minnesota Department of Commerce prior to submitting this filing and that this filing is in compliance with all of the requirements, including the Common Element's Advisory. I certify that I have attached the appropriate Checklist(s) to this filing. I have identified on each Checklist, in the space indicated, the page number where compliance is achieved.

- To view the On-Line Requirements and Checklists, use the following address:
<http://www.commerce.state.mn.us/pages/Insurance/InsL&H.htm>
(You will need Adobe® Acrobat® Reader® software to read and access the checklist. Once the checklists are downloaded, you will be able to print a hard copy of the checklists.)
- Alternately, you may access the on-line Requirements and Checklists from the Commerce website's home page at "<http://www.commerce.state.mn.us>" and then by selecting "INSURANCE" and Life & Health Policy filing data as indicated in the column on the left side of the page.

Filing Analyst Name: _____

Filing Analyst Signature: _____

Responsible Officer's Title: _____

Responsible Officer's Name: _____